

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

☒ **New**

☐ **Resubmission (Non-Recordation)**
Document ID#

☐ **Correction of PTO Error**
Reel # Frame #

☐ **Corrective Document**
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Conveyance Type

☒ **Assignment** ☐ **Security Agreement**

☐ **License** ☐ **Change of Name**

☐ **Merger** ☐ **Other**

U.S. Government
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☐ **Departmental File** ☐ **Secret File**

Conveying Party(ies)

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Execution Date
Month Day Year

Name (line 1) Durward I. Faries, Jr.

Name (line 2)

Second Party

Name (line 1) Bruce R. Heymann

Name (line 2)

Execution Date
Month Day Year

Receiving Party

☐ **Mark if additional names of receiving parties attached**

Name (line 1) Medical Solutions, Inc.

Name (line 2)

Address (line 1) 3901 Centerview Drive

Address (line 2) Suite W

Address (line 3) Chantilly

Virginia

20151

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

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Correspondent Name and Address

Area Code and Telephone Number **301-424-3640**

Name **Stuart B. Shapiro**

Address (line 1) **Epstein, Edell & Retzer**

Address (line 2) **1901 Research Boulevard**

Address (line 3) **Suite 400**

Address (line 4) **Rockville, Maryland 20850**

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

2

Application Number(s) or Patent Number(s)

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Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

09/419,664

Patent Number(s)

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number

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Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ **40.00**

Method of Payment:

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Enclosed ☒

Deposit Account ☐

Deposit Account Number:

05-0460

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No



Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Stuart B. Shapiro

Name of Person Signing

Stuart B. Shapiro

Signature

1/7/2000

Date

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CONTINUATION
PATENTS ONLY

U.S. Department of Commerce
Patent and Trademark Office
PATENT

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Name (line 1) Calvin Blankenship

Execution Date
Month Day Year

12 30 1999

Name (line 2)

Execution Date
Month Day Year

Name (line 1)

Name (line 2)

Name (line 1)

Name (line 2)

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